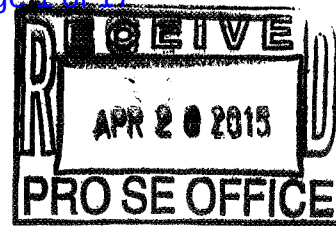


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKKevin G. Arias.

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

The city of New York, KENNETH
MUNDY individual and official capacity,
Christine Sanchez, individual and official
capacity, John Doe, individual official
capacity.

 Jury Trial: ☒ Yes ☐ No
 (check one)

15CV3198

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Kevin Arias
 Street Address [REDACTED]
 County, City Bronx, New York
 State & Zip Code New York 10474
 Telephone Number [REDACTED]

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name City of New York
 Street Address 100 Church Street

County, City New York NY
 State & Zip Code New York 10007
 Telephone Number _____

Defendant No. 2 Name Kenneth Mundy, NYC Police Dept, 34
 Street Address precint 182st Broadway
 County, City Manhattan
 State & Zip Code New York 10033
 Telephone Number _____

Defendant No. 3 Name Christine Sanchez, NYC police Dept 34th
 Street Address precint 182st Broadway
 County, City Manhattan
 State & Zip Code New York 10033
 Telephone Number _____

Defendant No. 4 Name John Doe
 Street Address Unknown Correctional officer
 County, City NYC Dept of correction
 State & Zip Code 100 Centre Street, NY, NY
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

This action arises from the deprivation of plaintiff's rights guaranteed to him under the first eighth and fourteenth Amendments of the United States Constitution, 42 U.S.C Section 1983 and 1988, the Statutory and

If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? At 100 Centre Street
Central Bookings.

B. What date and approximate time did the events giving rise to your claim(s) occur? This
action occurred approximately 3:00 am on February 17-2014.

C. Facts: I was arrested by officers Kenneth Mundy and Christine Sanchez from Precinct 34th they escorted me to Central Bookings. In their custody, I was being processed. In the process of being finger printed I was taken down stairs to continue the process to be placed in a holding pen, by officer Mundy. There after an unidentified corrections officer who was wearing a hoodie, covering his badge, grabbed Arias without just provocation, punch Arias in the stomach, and as he was gasping for air on the floor knocked Arias out, rendering him unconscious, causing Arias to sustain physical and emotional injuries. All of this was witnessed by officer Mundy. There after a different correction officer took Arias to his holding pen. Arias later that day appeared in court, where he was released and given an return court date. Arias went to New York - Presbyterian Hospital for medical treatment, and continues to suffer lingering effects of the brutality he endured. Officer Mundy Arresting officer failed to comply to aid and assistance. Mundy Nyp was clearly a witness corrections of this assault. I tried to make report against c/o Antwon officer Sanchez claimed she was unable to make up description of unknown officer because he was wearing a hoodie.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries: Report against c/o Antwon officer Sanchez claimed she was unable to make up description of unknown officer because he was wearing a hoodie.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. For the past year my doctors
referred me to psychiatric therapy also physical therapy for posttraumatic
stress disorder, lower back pain also neck pain. Since then I've become
emotionally depressed, and have neurological symptoms
that distracts my way of learning and thinking.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. To recover for damages, personal injury, mental distress, pain and suffering, economic damages, attorney's fees, loss of earnings, loss of earning potential, damage to character and reputation, and other damages sustained by plaintiff, arising out of plaintiff, assaulted, battered, defamed, and having his rights under the United States Constitution violated. The above mentioned wrongdoing was result of intentional, negligent, and reckless acts of the City of New York, its agents, servants and/or employees in training, supervising, instructing, and maintaining its police and correctional officers some of whom at this time are unknown to plaintiff.

There were injuries to the head.

plaintiff suffered compensatory and punitive damages of no less than five million dollars.
I declare under penalty of perjury that the foregoing is true and correct. (\$5,000,000.00.)

Signed this 18 day of Friday, 2015.

Signature of Plaintiff

[Handwritten Signature]

Mailing Address

[Redacted Address]

Telephone Number

[Redacted Telephone Number]

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

Scott M. Stringer
COMPTROLLER

Michael Aaronson
Chief, Bureau of Law and
Adjustment
015 - 151

Date: 5/19/2014
Claim Number: 2014PI015628
RE: Acknowledgment of Claim

KEVIN ARIAS c/o ROBERT N FELIX
11 BROADWAY SUITE 400
NEW YORK NY 10004
FELIXLAW@YAHOO.COM

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-B

Personal Injury Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

Claimant Information

*Last Name:

ARIAS

*First Name:

KEVIN

Address:

25 WHITE STREET

Address 2:

City:

NEW YORK

State:

NEW YORK

Zip Code:

10013

Country:

USA

Date of Birth:

Format: MM/DD/YYYY

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

*Email Address:

*Retype Email Address:

Occupation:

NONE

City Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

FELIX

Firm or First Name:

ROBERT

Address:

11 BROADWAY, SUITE 715

Address 2:

City:

NEW YORK

State:

NEW YORK

Zip Code:

10004

Tax ID:

Phone #:

2127471433

*Email Address:

felixlaw@yahoo.com

*Retype Email Address:

felixlaw@yahoo.com

The time and place where the claim arose

*Date of Incident:

02/17/2014

Format: MM/DD/YYYY

Time of Incident:

4:30 AM

Format: HH:MM AM/PM

*Location of Incident:

MAIN INCIDENT OCCURRED IN THE HOLDING PEN OF THE 34TH PRECINCT

Address:

Address 2:

City:

State:

NEW YORK

Borough:

* Denotes required fields. A Claimant OR an Attorney Email Address is required.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

***Manner in which
claim arose:**

The time when, the place where, and the manner in which the claim arose: At approximately 03:00 AM on February 17, 2014, Kevin G. Arias, was falsely arrested in NYC, without probable cause, by police officers, Christine Sanchez and Kenneth Mundy, and charged with a felony. Arias was handcuffed and taken to the 34th Precinct for processing. Arias was fingerprinted at approximately 04:30 and brought down to a holding pen by officer Mundy. Thereafter, an unidentified correction officer, who was wearing a hoodie, covering his badge, grabbed Arias, and without just provocation, punched Arias in the stomach, and as he was gasping for air on the floor knocked Arias out, rendering him unconscious, causing Arias to sustain physical and emotional injuries. All of this was witnessed by officer Mundy. Thereafter a different correction officer took Arias to his holding pen. Arias later that day appeared in court, where he was released and given a return court date. Arias went to New York-Presbyterian Hospital for medical treatment, and continues to suffer the lingering effect of the brutality he endured.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

**The items of
damage or injuries
claimed are
(include dollar
amounts):**

To recover for damages, personal injury, mental distress, pain and suffering, economic damages, attorneys' fees, loss of earnings, loss-of-earnings potential, damage to character and reputation, and other damages sustained by the Claimant, arising out of Claimant being falsely seized, detained, searched, assaulted, battered, defamed, and having his rights under the New York and United States Constitutions violated. The above-mentioned wrongdoing was the result of the intentional, negligent, and reckless acts of the City of New York, its agents, servants and/or employees, in training, supervising, instructing, and maintaining its police officers, some of whom, at this time, their names are unknown to Claimant.

There were injuries to neck and head.

Claimant has suffered compensatory and punitive damages of no less than Five Million dollars (\$5,000,000.00)



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

1st Treatment Date: 2/17/2014 *Format: MM/DD/YYYY*

Hospital/Name: NEW YORK - PRESBYTERIAN

Address: 180 FORT WASHINGTON AVE.

Address 2:

City: NEW YORK

State: NEW YORK

Zip Code: 10032

Date Treated in
Emergency Room: 02/17/2014 *Format: MM/DD/YYYY*

Was claimant taken to hospital by an ambulance? ☐ Yes ☒ No ☐ NA

Employment Information (If claiming lost wages)

Employer's Name: NONE

Address:

Address 2:

City:

State: NEW YORK

Zip Code:

Work Days Lost:

Amount Earned Weekly:

Treating Physician Information

Last Name: LAI

First Name: PAMELA

Address: 180 FORT WASHINGTON AVE

Address 2:

City:

State: NEW YORK

Zip Code: 10032

Witness 1 Information

Last Name: MUNDY

First Name: KENNETH

Address: 34TH PRECINCT

Address 2: 4295 BROADWAY

City: NEW YORK

State: NEW YORK

Zip Code: 10033

Witness 2 Information

Last Name:

First Name:

Address:

Address 2:

City:

State: NEW YORK

Zip Code:

Witness 3 Information

Last Name:

First Name:

Address:

Address 2:

City:

State: NEW YORK

Zip Code:

Witness 4 Information

Last Name:

First Name:

Address:

Address 2:

City:

State: NEW YORK

Zip Code:



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	

Insurance Information

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	
Policy #:	
Phone #:	

Description of claimant:

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☐ Other

Non-City vehicle driver

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	

Non-City vehicle information

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	

Total Amount Claimed:

\$5,000,000.00

Format: Do not include "\$" or ",".

The **Total Amount Claimed** can only be entered once the following required fields are entered:

Claimant Last Name
Claimant First Name
Claimant Email or Attorney Email
Date of Incident
Location of Incident
Manner in which claim arose

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

Scott M. Stringer
COMPTROLLER

Michael Aaronson
Chief, Bureau of Law and
Adjustment
015 - 151

Date: 5/19/2014
Claim Number: 2014PI015628
RE: Acknowledgment of Claim

KEVIN ARIAS c/o ROBERT N FELIX
11 BROADWAY SUITE 400
NEW YORK NY 10004
FELIXLAW@YAHOO.COM

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-B

Personal Injury Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

Claimant Information

*Last Name:

ARIAS

*First Name:

KEVIN

Address:

25 WHITE STREET

Address 2:

City:

NEW YORK

State:

NEW YORK

Zip Code:

10013

Country:

USA

Date of Birth:

Format: MM/DD/YYYY

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

*Email Address:

*Retype Email Address:

Occupation:

NONE

City Employee?

☐ Yes ☒ No ☐ NA

Gender

☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

FELIX

Firm or First Name:

ROBERT

Address:

11 BROADWAY, SUITE 715

Address 2:

City:

NEW YORK

State:

NEW YORK

Zip Code:

10004

Tax ID:

Phone #:

2127471433

*Email Address:

felixlaw@yahoo.com

*Retype Email Address:

felixlaw@yahoo.com

The time and place where the claim arose

*Date of Incident:

02/17/2014

Format: MM/DD/YYYY

Time of Incident:

4:30 AM

Format: HH:MM AM/PM

*Location of Incident:

MAIN INCIDENT OCCURRED IN THE HOLDING PEN OF THE 34TH PRECINCT

Address:

Address 2:

City:

State:

NEW YORK

Borough:

* Denotes required fields. A Claimant OR an Attorney Email Address is required.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKKevin Arias

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

The City of New York, Department
of Corrections, ~~NEW YORK~~ KENNETH
MUNDY, INDIVIDUAL AND OFFICIAL
Capacity, CHRISTINE SANCHEZ,
INDIVIDUAL AND OFFICIAL Capacity,
and JOHN DOE, INDIVIDUAL AND
OFFICIAL Capacity.Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name KEVIN ARIAS
Street Address [REDACTED]
County, City Bronx, New York
State & Zip Code New York 10474
Telephone Number [REDACTED]

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name CITY OF NEW YORK
C/O UNKNOWN
Street Address 100 Centre Street
100 CHURCH STREET
NEW YORK, NEW YORK 10007



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

***Manner in which
claim arose:**

The time when, the place where, and the manner in which the claim arose: At approximately 03:00 AM on February 17, 2014, Kevin G. Arias, was falsely arrested in NYC, without probable cause, by police officers, Christine Sanchez and Kenneth Mundy, and charged with a felony. Arias was handcuffed and taken to the 34th Precinct for processing. Arias was fingerprinted at approximately 04:30 and brought down to a holding pen by officer Mundy. Thereafter, an unidentified correction officer, who was wearing a hoodie, covering his badge, grabbed Arias, and without just provocation, punched Arias in the stomach, and as he was gasping for air on the floor knocked Arias out, rendering him unconscious, causing Arias to sustain physical and emotional injuries. All of this was witnessed by officer Mundy. Thereafter a different correction officer took Arias to his holding pen. Arias later that day appeared in court, where he was released and given a return court date. Arias went to New York-Presbyterian Hospital for medical treatment, and continues to suffer the lingering effect of the brutality he endured.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

**The items of
damage or injuries
claimed are
(include dollar
amounts):**

To recover for damages, personal injury, mental distress, pain and suffering, economic damages, attorneys' fees, loss of earnings, loss-of-earnings potential, damage to character and reputation, and other damages sustained by the Claimant, arising out of Claimant being falsely seized, detained, searched, assaulted, battered, defamed, and having his rights under the New York and United States Constitutions violated. The above-mentioned wrongdoing was the result of the intentional, negligent, and reckless acts of the City of New York, its agents, servants and/or employees, in training, supervising, instructing, and maintaining its police officers, some of whom, at this time, their names are unknown to Claimant.

There were injuries to neck and head.

Claimant has suffered compensatory and punitive damages of no less than Five Million dollars (\$5,000,000.00)



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

1st Treatment Date: 2/17/2014 *Format: MM/DD/YYYY*

Hospital/Name: NEW YORK - PRESBYTERIAN

Address: 180 FORT WASHINGTON AVE.

Address 2:

City: NEW YORK

State: NEW YORK

Zip Code: 10032

Date Treated in
Emergency Room: 02/17/2014 *Format: MM/DD/YYYY*

Was claimant taken to hospital by
an ambulance? ☐ Yes ☒ No ☐ NA

Employment Information (If claiming lost wages)

Employer's Name: NONE

Address:

Address 2:

City:

State: NEW YORK

Zip Code:

Work Days Lost:

Amount Earned
Weekly:

Treating Physician Information

Last Name: LAI

First Name: PAMELA

Address: 180 FORT WASHINGTON AVE

Address 2:

City:

State: NEW YORK

Zip Code: 10032

Witness 1 Information

Last Name: MUNDY

First Name: KENNETH

Address: 34TH PRECINCT

Address 2: 4295 BROADWAY

City: NEW YORK

State: NEW YORK

Zip Code: 10033

Witness 2 Information

Last Name:

First Name:

Address:

Address 2:

City:

State: NEW YORK

Zip Code:

Witness 3 Information

Last Name:

First Name:

Address:

Address 2:

City:

State: NEW YORK

Zip Code:

Witness 4 Information

Last Name:

First Name:

Address:

Address 2:

City:

State: NEW YORK

Zip Code:



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	

Insurance Information

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	
Policy #:	
Phone #:	

Description of claimant:

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☐ Other

Non-City vehicle driver

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	

Non-City vehicle information

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	

Total Amount Claimed:

\$5,000,000.00

Format: Do not include "\$" or ",".

*The **Total Amount Claimed** can only be entered once the following required fields are entered:*

*Claimant Last Name
Claimant First Name
Claimant Email or Attorney Email
Date of Incident
Location of Incident
Manner in which claim arose*